

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560,301

FILING DATE

12-12-05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1 ✓				
3		2 -				
4		2 -				
5	1					
6		1 ✓				
7		2 -				
8		2 -				
9		2 -				
10	1					
11		1 ✓				
12		2 -				
13		2 -				
14	1					
15		1 ✓				
16		2 -				
17		2 -				
18	1		1			
19		1 ✓		1 -		
20		2 -		1 -		
21		2 -		1 -		
22		2 -		1 -		
23		2 -		1 -		
24		2 -		1 -		
25	1		1			
26		1 ✓		1 -		
27		2 -		1 -		
28		2 -		1 -		
29	1		1			
30		1 ✓		1 -		
31		2 -		1 -		
32	1		1			
33		1 ✓		1 -		
34		2 -		1 -		
35		2 -		1 -		
36		2 -		1 -		
37		2 -		1 -		
38		2 -		1 -		
39	1		1			
40		1 ✓		1 -		
41		2 -		1 -		
42		2 -		1 -		
43			1			
44				1 -		
45				1 -		
46				1 -		
47				1 -		
48						
49						
50						
TOTAL IND.	9	↓	6	↓		↓
TOTAL DEP.	57	←	24	←		←
TOTAL CLAIMS	66		30			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

24x2